



Incident Report

Case Number I162104911	CAD Incident # P190669471
Report Type Incident Report	Page 1 of 6
Date / Time Occurred 12/25/2016 23 18 to	Date / Time Reported 12/25/2016 23 18

Arrested Suspects	Additional Suspects	Unknown Suspects 1	Victims 1	Other Persons 3	Vehicles 1	Items	Evidence Count	Leads Count	File #
<input type="checkbox"/> Drugs	<input type="checkbox"/> DVIP	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Child Present	<input type="checkbox"/> Elderly	<input type="checkbox"/> Sexual Assault				
<input type="checkbox"/> CRU - Hate/Bias	<input type="checkbox"/> Licensed Premise	<input type="checkbox"/> Disabled	<input type="checkbox"/> Homeland Security	<input type="checkbox"/> Homeland Security - UASI	<input type="checkbox"/> Home Invasion				
<input type="checkbox"/> Car Jack	<input type="checkbox"/> Gun	<input type="checkbox"/> Gang	<input type="checkbox"/> Shots Fired	<input type="checkbox"/> Victim Shot	<input checked="" type="checkbox"/> Victim Stabbed				
<input type="checkbox"/> Other Agency/Unit Notified	<input type="checkbox"/> Warrant Arrest	<input type="checkbox"/> Search Warrant	<input type="checkbox"/> Licensed Premise Violation	<input type="checkbox"/> LPR	<input type="checkbox"/> Human Trafficking				
<input type="checkbox"/> Bicycle	<input type="checkbox"/> School	<input type="checkbox"/> Homeless	<input type="checkbox"/> Sex Offender	<input type="checkbox"/> NIDV	<input type="checkbox"/> Child Abuse				

Incident Details	
Unit Number	Clearance Disposition
Cleared by Exception	
Exceptional Clearance Date	
Situation Found E911	Case Status
Location Given By Dispatcher	

Incident Address			
Street Address 967 BLUE HILL AVE			
City BSTN	State MASSACHUSETTS	Zip 02124	District DISTRICT B3

Administrative Info		
Reporting Officer BROZOWSKI, DEREK	Employee Number 140287	Approving Supervisor BROOKS, THOMAS

OFFENSE

<input type="checkbox"/> Upgrade/Downgrade Offense	Upgrade/Downgrade Offense Code		
<input checked="" type="checkbox"/> Primary Offense	Crime Description ASSAULT - AGGRAVATED - BATTERY		
Offense Code Value 00413	Attempted/Completed Completed	Premise Type Highway/Road/Alley	
Circumstances Bias			
None - No Bias			
Criminal Activity 1 No Known Gang Committed Offense	Criminal Activity 2	Criminal Activity 3	
Offender Using 1 Not Applicable	Offender Using 2	Offender Using 3	
# Premise Entered	Home Invasion	Domestic Violence	Gang Activity
Gang Type #1	Gang Name #1		
Gang Type #2	Gang Name #2		
Drug Related	Drug Type	Drug Origin	Drug Precursors
MO Panel Entry Type	Entry Area	Entry Method	
Entry Point 1	Entry Point 2	Exit Point 1	
Exit Point 2	Target Area	Property Target 1	
Property Target 2	Property Target 3	Victim Target	
Time of Day	Victim Activity	Action 1 to Premises	
Action 2 to Premises	Action 3 to Premises	Action 1 on Victim	
Action 2 on Victim	Action 3 on Victim	Other Action 1	
Other Action 2	Other Action 3	Solicited Offered 1	
Solicited Offered 2	Solicited Offered 3	Weapon 1 Unknown	
Weapon 1 Auto	Weapon 2	Weapon 2 Auto	
Weapon 3	Weapon 3 Auto	Arson	



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Precipitating Circumstance	Instrument Used
Unusual Actions and Statements of Suspect	

SUSPECT <input type="checkbox"/> Known <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Arrested									
Name (Last, First Middle)									
Suffix	Nickname	Race		Gender	SSN	Date of Birth	Age	Age Range to	
Height	Weight	Driver's License #	DL State	Local ID	SID				
FBI #	SBI #		Place of Birth			Citizenship			
Ethnicity		Marital Status							
Preferred	Contact #1	Contact #2	Email Address						
Suspect Home Address									
Street Address									
City			State		Zip				
Suspect Employment Information									
<input type="checkbox"/> Student	Employer / School				Occupation				
Street Address									
City			State		Zip	Work Phone		Hours of Employment	
Details									
Hair Color	Hair Length	<input type="checkbox"/> Glasses	Eye Color	Build	Facial Hair		Facial Hair Color		
Voice	Complexion	Hand Preference							
Clothing Description									
GREY SWEATER, BLUE JEANS									
Trademarks of Suspect									
Injury 1	Injury 2		Injury 3		Injury 4		Injury 5		
<input type="checkbox"/> Hospitalized	Hospital Facility			Resident					
MO Panel									
Entry Type		Entry Area			Entry Method				
Entry Point		Exit Point			Target Area				
Property Target 1		Property Target 2			Property Target 3				
Victim Target		Time of Day			Victim Activity				
Action 1 on Victim		Action 2 on Victim			Action 3 on Victim				
Action 1 to Premises		Action 2 to Premises			Action 3 to Premises				
Other Action 1		Other Action 2			Other Action 3				
Solicited Offered 1		Solicited Offered 2			Solicited Offered 3				
Weapon 1		Weapon 2			Weapon 3				
Weapon 1 Type		Weapon 2 Type			Weapon 3 Type				



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Weapon 1 Caliber	Weapon 2 Caliber	Weapon 3 Caliber
Weapon 1 Color	Weapon 2 Color	Weapon 3 Color
Arson	Precipitating Circumstance	Instrument Used
Comments		

Associated Offenses

Offense ASSAULT - AGGRAVATED - BATTERY	<input checked="" type="checkbox"/> Associated With Suspect
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VICTIM	Victim Type Person						
Name (Last, First Middle) [REDACTED]							
Suffix	Nickname	Race	Gender	SSN	Date of Birth	Age	Age Range
Infant Type	Height	Weight	Driver's License #	DL State			
Place of Birth	Citizenship						
Ethnicity	Marital Status						
Not of Hispanic Origin Preferred	Contact #1	Contact #2	Email Address				
Victim Home Address							
Street Address [REDACTED]							
City	State	Zip					
Employment Information							
<input type="checkbox"/> Student	Employer / School			Occupation			
College Name	On Campus <input type="checkbox"/> Yes <input type="checkbox"/> No						
Street Address [REDACTED]							
City	State	Zip	Work Phone	Hours of Employment			
Details							
Hair Color	Eye Color	Build	Resident RESIDENT				
Injury 1 Severe Lacerations	Injury Description LACERATION TO THE NECK						
Injury 2	Injury 3	Injury 4	Injury 5				
Victim Condition		Victim-Offender					
A. Assault/Homicide <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		A. Assault/Homicide Circumstance 1 Argument			A. Assault/Homicide Circumstance 2		
Justifiable Homicide <input type="checkbox"/> Yes <input type="checkbox"/> No		Justifiable Homicide Circumstance					
<input checked="" type="checkbox"/> Victim Hospitalized		Hospital Facility Boston Medical Center		Hospital Description			
Under Influence Alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Under Influence Drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Domestic Disturbance		Domestic Violence Victim Transported <input type="checkbox"/> Yes <input type="checkbox"/> No	
Violation of Protective Order <input type="checkbox"/> Yes <input type="checkbox"/> No		Cohabitant <input type="checkbox"/> Yes <input type="checkbox"/> No					

Associated Offenses

Offense ASSAULT - AGGRAVATED - BATTERY	<input checked="" type="checkbox"/> Associated With Victim
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Suspect		Victim Suspect Relationships	
Suspect 1 UNKNOWN		Relationship Unknown	
OTHER PERSON	Person Type Witness		
Name (Last, First Middle)			
Suffix	Nickname	Race	Gender
Height	Weight	Driver's License #	DL State
Place of Birth	Citizenship	Ethnicity	Marital Status
Preferred HOME PHONE	Contact #1	Contact #2	Email Address
Street Address			
City	State	Zip	
Employment Information			
<input type="checkbox"/> Student	Employer / School	Occupation	
Street Address			
City	State	Zip	
Details			
Work Phone	Hours of Employment	Hair Color	Hair Length
Eye Color	Build	Facial Hair	Voice
			<input type="checkbox"/> Glasses
Resident			

OTHER PERSON	Person Type Witness		
Name (Last, First Middle)			
Suffix	Nickname	Race	Gender
Height	Weight	Driver's License #	DL State
Place of Birth	Citizenship	Ethnicity	Marital Status
Preferred HOME PHONE	Contact #1	Contact #2	Email Address
Street Address			
City	State	Zip	
Employment Information			
<input type="checkbox"/> Student	Employer / School	Occupation	
Street Address			
City	State	Zip	
Details			
Work Phone	Hours of Employment	Hair Color Black	Hair Length Long
Eye Color	Build	Facial Hair	Voice
			<input type="checkbox"/> Glasses
Resident			

OTHER PERSON	Person Type Witness		
Name (Last, First Middle)			



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Suffix	Nickname	Race	Gender	SSN	Date of Birth	Age	Age Range
Height	Weight	Driver's License #	DL State	FBI #	SBI #		
Place of Birth	Citizenship	Ethnicity	Marital Status				
Preferred HOME PHONE	Contact #1	Contact #2	Email Address				
Other Person Home Address							
Street Address							
City	State	Zip					
Employment Information							
<input type="checkbox"/> Student	Employer / School	Occupation					
Street Address							
City	State	Zip					
Details							
Work Phone	Hours of Employment	Hair Color Black	Hair Length Short	<input type="checkbox"/> Glasses			
Eye Color	Build	Facial Hair	Voice	Complexion			
Resident							

VEHICLE	Vehicle Year 2015	Make CHEVROLET	Model MALIBU	VIN 1G11C5SL1FU147115	<input type="checkbox"/> VIN Validation Off	Tag Number 4XJ955
State MAINE	Plate Type Passenger	Tag Month May	Exp. Year 2018	Body Style PASSENGER CAR	Top Color WHITE	Bottom Color WHITE
Vehicle Type Sedan	Status					
Decal #	NIC					
Other Identifiers						
Registered Owner Info						
Registered Owner Name (Last, First, MI) MAVEN DRIVE LLC				Gender	Race	DOB
Street Address						
City	State MASSACHUSETTS				Zip	
Insurance Company ZURICH INSURANCE	Policy Number		Insurance Expiration	Financed By/Titleholder		
Vehicle Elements						
<input type="checkbox"/> Stolen	<input type="checkbox"/> Recovered	Stolen Value				
Keys in Ignition <input type="checkbox"/> Yes <input type="checkbox"/> No	Doors Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Windows Closed <input type="checkbox"/> Yes <input type="checkbox"/> No	Ignition Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Trunk Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Radio In Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Repo. Check <input type="checkbox"/> Yes <input type="checkbox"/> No
How Vehicle Entered		How Vehicle Taken				
Recovered By	Recovery Date	Recovered Value	Recovery Code			
Recovery Address						
Street Address						
City	State MASSACHUSETTS				Zip	
<input type="checkbox"/> Impounded	<input type="checkbox"/> Towed	Tow Report Number	Wrecker Service	Date Wrecker Arrived	Time Wrecker Arrived	
Location Towed From		Location Towed To		Impounded By	Mileage	



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Wrecker Driver Name	Tow Truck Operator Signature
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Public Narrative

About 11:19pm on Sunday 12/25/2016, Officers Brozowski and Jones assigned to the C103F along with Officers Donahue and Molina assigned to the C102F responded to a radio call for a possible person stabbed at 967 Blue Hill Ave.

Upon arrival, the officers were directed by Boston Police Dispatcher that the victim who was possibly stabbed had made their way to the Boston Fire Department station located at 975 Blue Hill Ave. and was receiving treatment for a reported neck injury. The officers observed an unidentified young adult black female victim laying on the floor of the station receiving treatment from Boston Fire Department Personnel. The officers spoke to one witness who identified herself as [REDACTED] who stated that the victim was [REDACTED]. Ambulance A-12 arrived and promptly transported the unknown victim to Boston Medical Center.

[REDACTED] stated to the officers that the incident started when [REDACTED] called a Lyft service to come pick [REDACTED] up in front of 967 Blue Hill Ave. [REDACTED] stated when [REDACTED] told the [REDACTED] Lyft driver (wearing grey sweater and blue jeans) [REDACTED] had made a mistake about how many passengers [REDACTED] said would be traveling with [REDACTED] that was the time the Lyft driver became upset and a verbal argument ensued. [REDACTED] stated that [REDACTED] called [REDACTED] (later identified as the victim [REDACTED]) who was upstairs in 967 Blue Hill Ave. to come down to the street. According to [REDACTED] the verbal argument escalated into a physical altercation. [REDACTED] stated during the altercation, the Lyft driver/suspect reached into the pockets of [REDACTED] outer garment and "was going to mace [REDACTED]" [REDACTED] could not specifically articulate to the officers when [REDACTED] was allegedly stabbed, but observed the victim [REDACTED] after [REDACTED] had been separated from the suspect by two other witnesses holding [REDACTED] neck and bleeding heavily. The female suspect reportedly got into [REDACTED] vehicle and fled the scene.

[REDACTED] was able to take down the license plate of the suspect's vehicle before [REDACTED] fled southbound on Blue Hill Ave. The suspect's car was described as a white 2015 Chevrolet Malibu Massachusetts Registration 4XJ955. [REDACTED] described the [REDACTED] operator/suspect as wearing a grey sweater and jeans who was about 5'04" in height and weighed approximately 150 lbs. Officer Brozowski broadcasted the license plate number, vehicle description, and suspect description to Boston Police Operations.

Officers gathered the information of two other witnesses of [REDACTED] and [REDACTED]. Officers immediately cordoned off the area with Boston Police Crime Scene tape in front of the entrance to 967 Blue Hill Ave. as there was blood on the sidewalk and street. Officers were then assigned by the patrol Supervisor C901A Smith as the scribe and to help secure the crime scene until additional units were able to assist with scene security.



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Arrested Suspects 1	Additional Suspects	Unknown Suspects	Victims 1	Other Persons	Vehicles 1	Items	Evidence Count	Leoka Count	File #
<input type="checkbox"/> Drugs	<input type="checkbox"/> DVIP	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Child Present	<input type="checkbox"/> Elderly	<input type="checkbox"/> Sexual Assault				
<input type="checkbox"/> CRU - Hate/Bias	<input type="checkbox"/> Licensed Premise	<input type="checkbox"/> Disabled	<input type="checkbox"/> Homeland Security	<input type="checkbox"/> Homeland Security - UASI	<input type="checkbox"/> Home Invasion				
<input type="checkbox"/> Car Jack	<input type="checkbox"/> Gun	<input type="checkbox"/> Gang	<input type="checkbox"/> Shots Fired	<input type="checkbox"/> Victim Shot	<input checked="" type="checkbox"/> Victim Stabbed				
<input type="checkbox"/> Other Agency/Unit Notified	<input type="checkbox"/> Warrant Arrest	<input type="checkbox"/> Search Warrant	<input type="checkbox"/> Licensed Premise Violation	<input type="checkbox"/> LPR	<input type="checkbox"/> Human Trafficking				
<input type="checkbox"/> Bicycle	<input type="checkbox"/> School	<input type="checkbox"/> Homeless	<input type="checkbox"/> Sex Offender	<input type="checkbox"/> NIDV	<input type="checkbox"/> Child Abuse				

Unit Number	Clearance Disposition	Incident Details Cleared by Exception	Exceptional Clearance Date
Situation Found		Case Status	
Location Given By Dispatcher			

Incident Address			
Street Address 967 BLUE HILL AVE			
City BSTN	State MASSACHUSETTS	Zip 02124	District DISTRICT B3

Administrative Info	
Reporting Officer FRANCIS, ANTHONY	Employee Number 011172
Approving Supervisor BROOKS, THOMAS	

OFFENSE

<input type="checkbox"/> Upgrade/Downgrade Offense	Upgrade/Downgrade Offense Code
<input checked="" type="checkbox"/> Primary Offense	Crime Description ASSAULT - AGGRAVATED - BATTERY
Offense Code Value 00413	Attempted/Completed Completed
Premise Type	
Circumstances	
Bias	
Criminal Activity 1	Criminal Activity 2
Criminal Activity 3	
Offender Using 1	Offender Using 2
Offender Using 3	
# Premise Entered	Home Invasion
Domestic Violence	Gang Activity
Gang Type #1	Gang Name #1
Gang Type #2	Gang Name #2
Drug Related	Drug Type
Drug Origin	Drug Precursors
MO Panel	Entry Area
Entry Type	Entry Method
Entry Point 1	Entry Point 2
Exit Point 1	Exit Point 2
Property Target 1	Property Target 2
Property Target 3	Victim Target
Time of Day	Victim Activity
Action 1 to Premises	Action 1 on Victim
Action 2 to Premises	Action 2 on Victim
Action 3 to Premises	Other Action 1
Other Action 2	Solicited Offered 1
Solicited Offered 2	Solicited Offered 3
Weapon 1	Weapon 2
Weapon 3	Weapon 4
Arson	



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Date / Time Occurred 12/25/2016 23 18 to	Date / Time Reported 12/25/2016 23 18

Precipitating Circumstance	Instrument Used
Unusual Actions and Statements of Suspect	

SUSPECT ☒ Known ☐ Unknown ☒ Arrested

Name (Last, First Middle)

Suffix Nickname Race Gender SSN Date of Birth Age Age Range
Height Weight Driver's License # DL State Local ID SID
FBI # SBI # Place of Birth Citizenship

Ethnicity Marital Status

Preferred Contact #1 Contact #2 Email Address

Suspect Home Address

Street Address

City State Zip

Suspect Employment Information

☐ Student Employer / School Occupation

Street Address

City State Zip Work Phone Hours of Employment

Details

Hair Color Hair Length ☐ Glasses Eye Color Build Facial Hair Facial Hair Color

Voice Complexion Hand Preference

Clothing Description

Trademarks of Suspect

Injury 1 Injury 2 Injury 3 Injury 4 Injury 5

☐ Hospitalized

Hospital Facility

Resident

MO Panel

Entry Type

Entry Area

Entry Method

Exit Point

Exit Point

Target Area

Property Target 1

Property Target 2

Property Target 3

Victim Target

Time of Day

Victim Activity

Action 1 on Victim

Action 2 on Victim

Action 3 on Victim

Action 1 to Premises

Action 2 to Premises

Action 3 to Premises

Other Action 1

Other Action 2

Other Action 3

Solicited Offered 1

Solicited Offered 2

Solicited Offered 3

Weapon 1

Weapon 2

Weapon 3

Weapon 1 Type

Weapon 2 Type

Weapon 3 Type

Weapon 1 Caliber

Weapon 2 Caliber

Weapon 3 Caliber



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Date / Time Occurred 12/25/2016 23 18 to	Date / Time Reported 12/25/2016 23 18

Weapon 1 Color	Weapon 2 Color	Weapon 3 Color
Arson	Precipitating Circumstance	Instrument Used
Comments		

Associated Offenses

Offense ASSAULT - AGGRAVATED - BATTERY	<input checked="" type="checkbox"/> Associated With Suspect
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ARREST

Arrested As <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Arrest Number [REDACTED]	RICI Booking Num [REDACTED]	Arrest Action Arrested
Disposition Handled Within Dept. and Released	Arrest Date/Time 12/26/2016 03:15	Booking District DISTRICT B3	<input type="checkbox"/> Arrested on Scene
Arrest Address			
Street Address 1165 BLUE HILL AVE			
City BSTN	State MASSACHUSETTS	Zip 02126	
Test Given	Test Date/Time	Test Results	Test Administered By
Test Given	Test Date/Time	Test Results	Test Administered By
Arresting Officer JOSEY, WINDELL C.		Transporting Officer	
Weapon 1 Knife	Automatic Weapon 1		Weapon 2
Automatic Weapon 2	Multiple Clearance	Juvenile Disposition	Card Number
Warrant Number	Warrant Signed By	<input type="checkbox"/> OUI Alcohol Arrest	

DUI/OUI Information

Public Way	Observed Driving	Glassy Eyes	PBT
Unsteady on Feet	Bloodshot Eyes	Crash	Offered Test
Slurred Speech	Odor		
Other Grounds			

Statement of Probable Cause

On Monday December 26, 2016 at about 1:50 am, [REDACTED] walked into Area B3 wanting to discuss an incident which occurred at 967 Blue Hill Avenue.

Area B3 Detectives conducted a digitally recorded interview of [REDACTED] suspect, who post Miranda admitted to being a Lyft driver who while operating a white Chevrolet Malibu was dispatched to and involved in a physical altercation at 967 Blue Hill Avenue.

VICTIM	Victim Type Person						
Name (Last, First Middle)							
Suffix	Nickname	Race	Gender	SSN	Date of Birth	Age	Age Range to
Infant Type	Height	Weight	Driver's License #	DL State			
Place of Birth		Citizenship					
Ethnicity	Marital Status						
Preferred	Contact #1	Contact #2	Email Address				



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Street Address
967 BLUE HILL AVE

City
BSTN

State
MASSACHUSETTS

Zip
02124

Employment Information
☐ Student
Employer / School
Occupation

College Name
On Campus
☐ Yes ☐ No

Street Address

City
State
Zip
Work Phone
Hours of Employment

Details
Hair Color
Eye Color
Build
Resident

Injury 1
Injury Description

Severe Lacerations
Injury 2
Injury 3
Injury 4
Injury 5

Victim Condition
Victim-Offender

Serious

A. Assault/Homicide
☒ Yes ☐ No
A. Assault/Homicide Circumstance 1
Argument
A. Assault/Homicide Circumstance 2
Argument

Justifiable Homicide
☐ Yes ☐ No
Justifiable Homicide Circumstance

Hospital Facility
Hospital Description

☐ Victim Hospitalized

Under Influence Alcohol?
☐ Yes ☐ No ☐ Unknown
Under Influence Drugs?
☐ Yes ☐ No ☐ Unknown
Domestic Disturbance
Domestic Violence
Victim Transported
☐ Yes ☐ No

Violation of Protective Order
☐ Yes ☐ No
Cohabitant
☐ Yes ☐ No

Associated Offenses

Offense
ASSAULT - AGGRAVATED - BATTERY

Relationship
Stranger
☒ Associated With Victim

Suspect
Suspect 1

Vehicle
Vehicle Year
2015
Make
CHEVROLET
Model
MALIBU
VIN
1G11C5SL1FU147115
☐ VIN Validation Off
Tag Number
4XJ955

State
MASSACHUSETTS
Plate Type
Passenger
Tag Month
May
Exp. Year
2018
Body Style
PASSENGER CAR
Top Color
WHITE
Bottom Color
WHITE

Vehicle Type
Sedan
Status
SUSPECT VEHICLE

Decal #
NIC

Other Identifiers

Registered Owner Info
Registered Owner Name (Last, First, MI)
MAVEN DRIVE LLC
Street Address
745 ATLANTIC AVE 4
City
BSTN
State
MASSACHUSETTS
Zip
02111
Insurance Company
ZURICH INSURANCE
Policy Number
Insurance Expiration
Financed By/Titleholder

Vehicle Elements
☐ Stolen ☐ Recovered



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Keys in Ignition <input type="checkbox"/> Yes <input type="checkbox"/> No	Doors Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Windows Closed <input type="checkbox"/> Yes <input type="checkbox"/> No	Ignition Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Trunk Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Radio In Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Repo. Check <input type="checkbox"/> Yes <input type="checkbox"/> No	Tow List Check <input type="checkbox"/> Yes <input type="checkbox"/> No	Stolen Value
How Vehicle Entered		How Vehicle Taken						
Recovered By		Recovery Date		Recovered Value		Recovery Code		
Recovery Address								
Street Address								
City		State MASSACHUSETTS		Zip				
<input type="checkbox"/> Impounded <input type="checkbox"/> Towed		Tow Report Number		Wrecker Service		Date Wrecker Arrived		Time Wrecker Arrived
Location Towed From		Location Towed To		Impounded By			Mileage	
Wrecker Driver Name		Tow Truck Operator Signature						

Public Narrative

On Monday December 26, 2016 at about 1:50 am, [REDACTED] walked into Area B3 wanting to discuss an incident which occurred at 967 Blue Hill Avenue.

Area B3 Detectives conducted a digitally recorded interview of [REDACTED] suspect, who post Miranda admitted to being a Lyft driver who while operating a white Chevrolet Malibu was dispatched to and involved in a physical altercation at 967 Blue Hill Avenue. As a result of a [REDACTED] (suspect) statements [REDACTED] was placed under arrest and subsequently charged with MGL 265-18 Assault with intent to Murder.

Suspect's motor vehicle, a white Chevrolet Malibu bearing MA Reg (4XJ955) was located by Area E5 units at 5 Delford Street, Roslindale. Motor vehicle towed to and secured at B3 pursuant of a search warrant.



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Arrested Suspects	Additional Suspects	Unknown Suspects	Victims 1	Other Persons 4	Vehicles	Items	Evidence Count	Leads Count	File #																				
<input type="checkbox"/> Drugs	<input type="checkbox"/> DVIP	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Child Present	<input type="checkbox"/> Elderly	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> CRU - Hate/Bias	<input type="checkbox"/> Licensed Premise	<input type="checkbox"/> Disabled	<input type="checkbox"/> Homeland Security	<input type="checkbox"/> Homeland Security - UASI	<input type="checkbox"/> Home Invasion	<input type="checkbox"/> Car Jack	<input type="checkbox"/> Gun	<input type="checkbox"/> Gang	<input type="checkbox"/> Shots Fired	<input type="checkbox"/> Victim Shot	<input type="checkbox"/> Victim Stabbed	<input type="checkbox"/> Other Agency/Unit Notified	<input type="checkbox"/> Warrant Arrest	<input type="checkbox"/> Search Warrant	<input type="checkbox"/> Licensed Premise Violation	<input type="checkbox"/> LPR	<input type="checkbox"/> Human Trafficking	<input type="checkbox"/> Bicycle	<input type="checkbox"/> School	<input type="checkbox"/> Homeless	<input type="checkbox"/> Sex Offender	<input type="checkbox"/> NIDV	<input type="checkbox"/> Child Abuse

Unit Number	Clearance Disposition ADULT ARREST	Incident Details Cleared by Exception	Exceptional Clearance Date
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Situation Found E911	Case Status
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Location Given By Dispatcher

Incident Address

Street Address 967 BLUE HILL AVE

City BSTN	State MASSACHUSETTS	Zip 02124	District DISTRICT B3
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Reporting Officer FRANCIS, ANTHONY	Employee Number 011172	Approving Supervisor HEGARTY, MICHAEL
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OFFENSE

<input type="checkbox"/> Upgrade/Downgrade Offense	Upgrade/Downgrade Offense Code		
<input type="checkbox"/> Primary Offense	Crime Description ASSAULT - AGGRAVATED - BATTERY		
Offense Code Value 00413	Attempted/Completed Completed	Premise Type	
Circumstances		Bias	
Criminal Activity 1	Criminal Activity 2	Criminal Activity 3	
Offender Using 1	Offender Using 2	Offender Using 3	
# Premise Entered	Home Invasion	Domestic Violence	Gang Activity
Gang Type #1	Gang Name #1		
Gang Type #2	Gang Name #2		
Drug Related	Drug Type	Drug Origin	Drug Precursors
MO Panel	Entry Area	Entry Method	
Entry Type	Entry Point 1	Exit Point 1	
Entry Point 1	Entry Point 2	Exit Point 1	
Exit Point 2	Target Area	Property Target 1	
Property Target 2	Property Target 3	Victim Target	
Time of Day	Victim Activity	Action 1 to Premises	
Action 2 to Premises	Action 3 to Premises	Action 1 on Victim	
Action 2 on Victim	Action 3 on Victim	Other Action 1	
Other Action 2	Other Action 3	Solicited Offered 1	
Solicited Offered 2	Solicited Offered 3	Weapon 1	
Weapon 1 Auto	Weapon 2	Weapon 2 Auto	
Weapon 3	Weapon 3 Auto	Arson	



Incident Report

Case Number 1162104911	CAD Incident # P160669471
Report Type Incident Supplement	Page 2 of 6
Date / Time Occurred 12/25/2016 23:18 to	Date / Time Reported 12/25/2016 23:18

Precipitating Circumstance	Instrument Used
Unusual Actions and Statements of Suspect	

SUSPECT ☒ Known ☐ Unknown ☐ Arrested

Name (Last, First Middle)

Suffix	Nickname	Race	Gender	SSN	Date of Birth	Age	Age Range to
Height	Weight	Driver's License #	DL State	Local ID	SID	Citizenship	
FBI #	SBI #	Place of Birth					
Ethnicity	Marital Status						
Preferred	Contact #1	Contact #2	Email Address				

Suspect Home Address

Street Address

City State Zip

Suspect Employment Information

<input type="checkbox"/> Student	Employer / School	Occupation
Street Address	City	State Zip Work Phone Hours of Employment

Details

Hair Color	Hair Length	<input type="checkbox"/> Glasses	Eye Color	Build	Facial Hair	Facial Hair Color
Voice	Complexion	Hand Preference				

Clothing Description

Trademarks of Suspect

Injury 1 Injury 2 Injury 3 Injury 4 Injury 5

☐ Hospitalized

Hospital Facility

Resident

MO Panel

Entry Type

Entry Area

Entry Method

Exit Point

Exit Point

Target Area

Property Target 1

Property Target 2

Property Target 3

Victim Target

Time of Day

Victim Activity

Action 1 on Victim

Action 2 on Victim

Action 3 on Victim

Action 1 to Premises

Action 2 to Premises

Action 3 to Premises

Other Action 1

Other Action 2

Other Action 3

Solicited Offered 1

Solicited Offered 2

Solicited Offered 3

Weapon 1

Weapon 2

Weapon 3

Weapon 1 Type

Weapon 2 Type

Weapon 3 Type

Weapon 1 Caliber

Weapon 2 Caliber

Weapon 3 Caliber



Incident Report

Case Number 1162104911	CAD Incident # P160659471
Report Type Incident Supplement	Page 3 of 6
Date / Time Occurred 12/25/2016 23:18 to	Date / Time Reported 12/25/2016 23:18

Weapon 1 Color	Weapon 2 Color	Weapon 3 Color
Arson	Precipitating Circumstance	Instrument Used
Comments		

Associated Offenses
Offense ASSAULT - AGGRAVATED - BATTERY <input checked="" type="checkbox"/> Associated With Suspect

VICTIM		Victim Type Person	
Name (Last, First Middle)			
Suffix	Nickname	Race	Gender
SSN	Date of Birth	Age	Age Range
Infant Type	Height	Weight	Driver's License #
DL State	Place of Birth		
Citizenship	Ethnicity		
Marital Status	Preferred		
Contact #1	Contact #2	Email Address	
Victim Home Address			
Street Address			
City	State	Zip	
Employment Information			
<input type="checkbox"/> Student	Employer / School	Occupation	
College Name	On Campus <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address			
City	State	Zip	Work Phone
Hours of Employment			
Details			
Hair Color	Eye Color	Build	Resident
Injury 1 Severe Lacerations		Injury Description LACERATION TO THE RIGHT SIDE OF THE NECK	
Injury 2	Injury 3	Injury 4	Injury 5
Victim Condition Good		Victim-Offender	
A. Assault/Homicide <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		A. Assault/Homicide Circumstance 1 Argument	
A. Assault/Homicide Circumstance 2		Justifiable Homicide <input type="checkbox"/> Yes <input type="checkbox"/> No	
Justifiable Homicide Circumstance		Hospital Description	
Hospital Facility		Victim Hospitalized	
Under Influence Alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Under Influence Drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Domestic Disturbance		Domestic Violence Victim Transported <input type="checkbox"/> Yes <input type="checkbox"/> No	
Violation of Protective Order <input type="checkbox"/> Yes <input type="checkbox"/> No		Cohabitant <input type="checkbox"/> Yes <input type="checkbox"/> No	

Associated Offenses	
Offense ASSAULT - AGGRAVATED - BATTERY <input checked="" type="checkbox"/> Associated With Victim	
Victim Suspect Relationships	
Suspect Suspect 1	Relationship Stranger



Incident Report

Case Number I162104911	CAD Incident # P160689471
Report Type Incident Supplement	Page 4 of 6
Date / Time Occurred 12/25/2016 23:18 to	Date / Time Reported 12/25/2016 23:18

OTHER PERSON		Person Type					
Name (Last, First Middle)							
Suffix	Nickname	Race	Gender	SSN	Date of Birth	Age	Age Range to
Height	Weight	Driver's License #	DL State	FBI #	SBI #		
Place of Birth		Citizenship	Ethnicity	Marital Status			
Preferred	Contact #1	Contact #2	Email Address				
Other Person Home Address							
Street Address							
City		State	Zip				
Information							
Details							
Work Phone	Hours of Employment		Hair Color	Hair Length	<input type="checkbox"/> Glasses		
Eye Color	Build	Facial Hair	Voice	Complexion			
Resident							

OTHER PERSON		Person Type					
Witness							
Name (Last, First Middle)							
Suffix	Nickname	Race	Gender	SSN	Date of Birth	Age	Age Range to
Height	Weight	Driver's License #	DL State	FBI #	SBI #		
Place of Birth		Citizenship	Ethnicity	Marital Status			
Preferred	Contact #1	Contact #2	Email Address				
Other Person Home Address							
Street Address							
City		State	Zip				
Employment Information							
Employer / School		Occupation					
<input type="checkbox"/> Student							
Street Address							
City		State	Zip				
Details							
Work Phone	Hours of Employment		Hair Color	Hair Length	<input type="checkbox"/> Glasses		
Eye Color	Build	Facial Hair	Voice	Complexion			
Resident							

OTHER PERSON		Person Type					
Witness							
Name (Last, First Middle)							
Suffix	Nickname	Race	Gender	SSN	Date of Birth	Age	Age Range to
000-00-0000							



Incident Report

Case Number 1162104911	CAD Incident # P160669471
Report Type Incident Supplement	Page 5 of 6
Date / Time Occurred 12/25/2016 23:18 to	Date / Time Reported 12/25/2016 23:18

Height	Weight	Driver's License #	DL State	FBI #	SBI #
Place of Birth	Citizenship	Ethnicity	Marital Status		
Preferred	Contact #1	Contact #2	Email Address		
Street Address			Other Person Home Address		
City	State	Zip			
Employment Information					
<input type="checkbox"/> Student	Employer / School		Occupation		
Street Address					
City	State	Zip			
Details					
Work Phone	Hours of Employment	Hair Color	Hair Length	<input type="checkbox"/> Glasses	
Eye Color	Build	Facial Hair	Voice	Complexion	
Resident					

OTHER PERSON	Person Type Witness				
Name (Last, First Middle)					
Suffix	Nickname	Race	Gender	SSN	Date of Birth
Height	Weight	Driver's License #	DL State	FBI #	SBI #
Place of Birth	Citizenship	Ethnicity	Marital Status		
Preferred	Contact #1	Contact #2	Email Address		
Street Address			Other Person Home Address		
City	State	Zip			
Employment Information					
<input type="checkbox"/> Student	Employer / School		Occupation		
Street Address					
City	State	Zip			
Details					
Work Phone	Hours of Employment	Hair Color	Hair Length	<input type="checkbox"/> Glasses	
Eye Color	Build	Facial Hair	Voice	Complexion	
Resident					

Public Narrative

On Monday December 26, 2016 the following photo arrays created by Detective Josey were presented:

At about 4:55 pm Detective Rattigan presented photo array #16-000824 to witness [REDACTED] [REDACTED] viewed all 8 photographs, stopped at photograph #5 of 8 and wrote on the front "I remember [REDACTED] nose and [REDACTED] lip. [REDACTED] had a hood on but [REDACTED] did have a nose piercing. [REDACTED] singles showed at the end." [REDACTED] then signed and initialed the photograph.

At about 5:11 pm Detective Ricard presented photo array #16-000824 to witness [REDACTED] [REDACTED] viewed all 8 photographs, stopped at Photograph #7 of 8, wrote on the back of the photograph "Maybe - [REDACTED] started the fight." [REDACTED]



Incident Report

Case Number 162104911		CAD Incident # P160669471
Report Type Incident Supplement		Page 6 of 6
Date / Time Occurred 12/25/2016 23:18 to	Date / Time Reported 12/25/2016 23:18	

then wrote [redacted] name on the rear of the photograph.

At 7:11 pm Detective O'Brien presented photo array #16-000824 to victim [redacted] [redacted] viewed all 8 photographs. No identification was made.

At 9:24 pm Detective O'Brien presented photo array #16-000824 to witness [redacted] [redacted] viewed all 8 photographs, stopped at photograph #4 of 8 and wrote "This is the [redacted] that stab my [redacted] [redacted] placed his 1st initial and last name on the front of the photograph.

Photograph #4 of array #16-000824 presented to [redacted] is that of [redacted] D.O.B. [redacted] of [redacted]



Incident Report

Case Number 1162104911	CAD Incident # P160669471
Report Type Incident Supplement	Page 1 of 7
Date / Time Occurred 12/25/2016 23:18 to	Date / Time Reported 12/25/2016 23:18

Arrested Suspects	Additional Suspects	Unknown Suspects	Victims 1	Other Persons	Vehicles 1	Items	Evidence Count 5	Leoka Count	File #
<input type="checkbox"/> Drugs	<input type="checkbox"/> DVIP	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Child Present	<input type="checkbox"/> Elderly	<input type="checkbox"/> Sexual Assault				
<input type="checkbox"/> CRU - Hate/Bias	<input type="checkbox"/> Licensed Premise	<input type="checkbox"/> Disabled	<input type="checkbox"/> Homeland Security	<input type="checkbox"/> Homeland Security - UASI	<input type="checkbox"/> Home Invasion				
<input type="checkbox"/> Car Jack	<input type="checkbox"/> Gun	<input type="checkbox"/> Gang	<input type="checkbox"/> Shots Fired	<input type="checkbox"/> Victim Shot	<input checked="" type="checkbox"/> Victim Stabbed				
<input type="checkbox"/> Other Agency/Unit Notified	<input type="checkbox"/> Warrant Arrest	<input checked="" type="checkbox"/> Search Warrant	<input type="checkbox"/> Licensed Premise Violation	<input type="checkbox"/> LPR	<input type="checkbox"/> Human Trafficking				
<input type="checkbox"/> Bicycle	<input type="checkbox"/> School	<input type="checkbox"/> Homeless	<input type="checkbox"/> Sex Offender	<input type="checkbox"/> NIDV	<input type="checkbox"/> Child Abuse				

Unit Number	Clearance Disposition ADULT ARREST	Incident Details Cleared by Exception	Exceptional Clearance Date
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Situation Found E911	Case Status
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Location Given By Dispatcher

Incident Address

Street Address 1590 BLUE HILL AVE			
City BSTN	State MASSACHUSETTS	Zip 02126	District DISTRICT B3

Reporting Officer FRANCIS, ANTHONY	Employee Number 011172	Approving Supervisor HEGARTY, MICHAEL
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OFFENSE

<input type="checkbox"/> Upgrade/Downgrade Offense	Upgrade/Downgrade Offense Code		
<input type="checkbox"/> Primary Offense	Crime Description SEARCH WARRANT		
Offense Code Value 03130	Attempted/Completed Completed	Premise Type	
Circumstances Bias			
Criminal Activity 1	Criminal Activity 2	Criminal Activity 3	
Offender Using 1	Offender Using 2	Offender Using 3	
# Premise Entered	Home Invasion	Domestic Violence	Gang Activity
Gang Type #1	Gang Name #1		
Gang Type #2	Gang Name #2		
Drug Related	Drug Type	Drug Origin	Drug Precursors
MO Panel Entry Type	Entry Area	Entry Method	
Entry Point 1	Entry Point 2	Exit Point 1	
Exit Point 2	Target Area	Property Target 1	
Property Target 2	Property Target 3	Victim Target	
Time of Day	Victim Activity	Action 1 to Premises	
Action 2 to Premises	Action 3 to Premises	Action 1 on Victim	
Action 2 on Victim	Action 3 on Victim	Other Action 1	
Other Action 2	Other Action 3	Solicited Offered 1	
Solicited Offered 2	Solicited Offered 3	Weapon 1	
Weapon 1 Auto	Weapon 2	Weapon 2 Auto	
Weapon 3	Weapon 3 Auto	Arson	



Incident Report

Case Number 1182104911	CAD Incident # P160559471
Report Type Incident Supplement	Page 2 of 7
Date / Time Occurred 12/25/2016 23:18 to	Date / Time Reported 12/25/2016 23:18

Precipitating Circumstance Instrument Used

Unusual Actions and Statements of Suspect

<input checked="" type="checkbox"/> Known <input type="checkbox"/> Unknown <input type="checkbox"/> Arrested									
Name (Last, First Middle)									
Suffix	Nickname	Race	Gender	SSN	Date of Birth	Age	Age Range to		
Height	Weight	Driver's License #	DL State	Local ID	SID				
FBI #	SBI #		Place of Birth		Citizenship				
Ethnicity	Mental Status								
Preferred	Contact #1	Contact #2	Email Address						
Suspect Home Address									
Street Address									
City		State		Zip					
Suspect Employment Information									
<input type="checkbox"/> Student	Employer / School			Occupation					
Street Address									
City		State		Zip	Work Phone		Hours of Employment		
Details									
Hair Color	Hair Length	<input type="checkbox"/> Glasses	Eye Color	Build	Facial Hair		Facial Hair Color		
Voice	Complexion	Hand Preference							
Clothing Description									
Trademarks of Suspect									
Injury 1	Injury 2		Injury 3		Injury 4		Injury 5		
<input type="checkbox"/> Hospitalized	Hospital Facility			Resident RESIDENT					
MO Panel	Entry Area			Entry Method					
Entry Type	Exit Point			Target Area					
Property Target 1	Property Target 2			Property Target 3					
Victim Target	Time of Day			Victim Activity					
Action 1 on Victim	Action 2 on Victim			Action 3 on Victim					
Action 1 to Premises	Action 2 to Premises			Action 3 to Premises					
Other Action 1	Other Action 2			Other Action 3					
Solicited Offered 1	Solicited Offered 2			Solicited Offered 3					
Weapon 1	Weapon 2			Weapon 3					
Weapon 1 Type	Weapon 2 Type			Weapon 3 Type					
Weapon 1 Caliber	Weapon 2 Caliber			Weapon 3 Caliber					



Incident Report

Case Number I162104911	CAD Incident # P160669471
Report Type Incident Supplement	Page 3 of 7
Date / Time Occurred 12/25/2016 23:18 to	Date / Time Reported 12/25/2016 23:18

Weapon 1 Color	Weapon 2 Color	Weapon 3 Color
Arson	Precipitating Circumstance	Instrument Used
Comments		

Associated Offenses

Offense SEARCH WARRANT	<input checked="" type="checkbox"/> Associated With Suspect
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VICTIM	Victim Type Person						
Name (Last, First Middle)							
Suffix	Nickname	Race	Gender	SSN	Date of Birth	Age	Age Range
Infant Type	Height	Weight	Driver's License #	DL State			
Place of Birth	Citizenship						
Ethnicity	Marital Status						
Preferred	Contact #1	Contact #2	Email Address				
Victim Home Address							
Street Address							
City	State		Zip				
Employment Information							
<input type="checkbox"/> Student	Employer / School		Occupation				
College Name	<input type="checkbox"/> On Campus <input type="checkbox"/> Yes <input type="checkbox"/> No						
Street Address							
City	State		Zip	Work Phone	Hours of Employment		
Details							
Hair Color	Eye Color	Build	Resident				
Injury 1	Injury Description						
Injury 2	Injury 3	Injury 4	Injury 5				
Victim Condition	Victim-Offender						
A. Assault/Homicide <input type="checkbox"/> Yes <input type="checkbox"/> No	A. Assault/Homicide Circumstance 1		A. Assault/Homicide Circumstance 2				
Justifiable Homicide <input type="checkbox"/> Yes <input type="checkbox"/> No	Justifiable Homicide Circumstance						
<input type="checkbox"/> Victim Hospitalized	Hospital Facility		Hospital Description				
<input type="checkbox"/> Under Influence Alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Under Influence Drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Domestic Disturbance		Domestic Violence Victim Transported <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Violation of Protective Order <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cohabitant <input type="checkbox"/> Yes <input type="checkbox"/> No						

Associated Offenses

Offense SEARCH WARRANT	<input checked="" type="checkbox"/> Associated With Victim
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Victim Suspect Relationships

Suspect Suspect 1	Relationship Stranger
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Incident Report

Case Number I162104911	CAD Incident # P160669471
Report Type Incident Supplement	Page 4 of 7
Date / Time Occurred 12/25/2016 23:18 to	Date / Time Reported 12/25/2016 23:18

VEHICLE	Vehicle Year 2015	Make CHEVROLET	Model MALIBU	VIN 1G11C5SL1FU147115	<input type="checkbox"/> VIN Validation Off	Tag Number 4XJ955
State MASSACHUSETTS	Plate Type Passenger	Tag Month May	Exp. Year 2018	Body Style PASSENGER CAR	Top Color WHITE	Bottom Color WHITE
Vehicle Type Sedan				Status		
Decal #		NIC				
Other Identifiers						
Registered Owner Info						
Registered Owner Name (Last, First, MI) <input checked="" type="checkbox"/> Business MAVEN DRIVE LLC				Gender	Race	DOB
Street Address 745 ATLANTIC AVE 4FL						
City BSTN			State MASSACHUSETTS	Zip 02111		
Insurance Company ZURICH INSURANCE		Policy Number		Insurance Expiration	Financed By/Titleholder	
Vehicle Elements						
<input type="checkbox"/> Stolen <input type="checkbox"/> Recovered						
Keys in Ignition <input type="checkbox"/> Yes <input type="checkbox"/> No	Doors Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Windows Closed <input type="checkbox"/> Yes <input type="checkbox"/> No	Ignition Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Trunk Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Radio In Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Repo. Check <input type="checkbox"/> Yes <input type="checkbox"/> No
How Vehicle Entered		How Vehicle Taken				
Recovered By		Recovery Date	Recovered Value	Recovery Code		
Recovery Address						
Street Address						
City		State	Zip			
<input type="checkbox"/> Impounded	<input checked="" type="checkbox"/> Towed	Tow Report Number 45168	Wrecker Service		Date Wrecker Arrived	Time Wrecker Arrived
Location Towed From		Location Towed To		Impounded By		Mileage
Wrecker Driver Name AUTO SERVICE & TIRE		Tow Truck Operator Signature				

EVIDENCE			
Tag #	Category Physical Evidence	Action SEIZED	Custodial Item
Description ONE (1) LYFT CA/MN, NEW DRIVER KIT # 354392 - LYFT134 WITH USPS FIRST-CLASS PKG LABEL ADDRESSED TO [REDACTED] OF [REDACTED] USPS TRACKING NUMBER # EVS 9200 1901 0741 8721 3371 5973 60, PKG ID 21337159737 CONTAINING: A) ONE (1) LYFT "GETTING STARTED" BOOKLET. B) TWO (2) LARGE PINK AND WHITE APPROX. 5" X 5" "LYFT" WINDOW DECAL. C) THREE (3) SMALL WHITE "LYFT" LETTERING DECALS.			
Related Person Suspect: [REDACTED]		Involvement SUSPECT	
Comment			
Recovered From 12/29/2016	Recovered To 12/29/2016	Recovery Site Other	Recovered By FRANCIS, ANTHONY H
Recovery Location [REDACTED]			
Summary THE SEARCH RESULTED IN THE SEIZURE OF THE FOLLOWING ITEMS RECOVERED BY DET. FRANCIS FROM THE MOTOR VEHICLE GLOVE BOX: ONE (1) LYFT CA/MN, NEW DRIVER KIT # 354392 -			



Incident Report

Case Number I182104911	CAD Incident # P160669471
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Date / Time Occurred 12/25/2016 23:18 to	Date / Time Reported 12/25/2016 23:18

EVIDENCE

Tag #	Category Physical Evidence	Action SEIZED	Custodial Item
Description -ONE (1) OWNER KIT- ESSENTIAL #311240 -LYFT093, WITH PRESORTED FIRST CLASS U.S. POSTAGE LABEL ADDRESSED TO [REDACTED] OF [REDACTED] 02131-4847 CONTAINING: ONE (1) LYFT "GETTING STARTED" BOOKLET, ONE (1) LARGE PINK AND WHITE APPROX. 5" X 5" "LYFT" WINDOW CARD, THREE (3) SMALL WHITE "LYFT" LETTERING DECALS.			
Related Person Suspect: [REDACTED] Comment		Involvement SUSPECT	

Recovered From 12/29/2016	Recovered To 12/29/2016	Recovery Site Other	Recovered By FRANCIS, ANTHONY H
Recovery Location			
Summary THE SEARCH RESULTED IN THE SEIZURE OF THE FOLLOWING ITEMS RECOVERED BY DET. FRANCIS FROM THE MOTOR VEHICLE GLOVE BOX: ONE (1) OWNER KIT- ESSENTIAL #311240 -LYFT093			

EVIDENCE

Tag #	Category Physical Evidence	Action SEIZED	Custodial Item
Description ONE (1) WHITE LYFT ENVELOPE CONTAINING: TWO (2) LARGE PINK AND WHITE APPROX. 5" X 5" "LYFT" WINDOW CARDS, ONE (1) "WELCOME TO EXPRESS DRIVE" INFORMATION SHEET, ONE (1) MAVEN "CONDITION REPORT" LISTING [REDACTED] INSPECTION DATE 10/21/16, VIN#1G11C5SL1FU14711S, YEAR 2015, MAKE CHV, MODEL MALIBU, LICENSE# 4XJ955, MILEAGE 19053 MI, COLOR WHITE, CITY BOSTON, STATE MASSACHUSETTS. WITH THE COMMENTS: "DIRTY MATS! - CT REGISTRATION - FRONT FARING BANGED/ DAMAGED" WITH THE SIGNATURE A JOCELYN NERNEY AND ONE ILLEGIBLE SIGNATURE.			
Related Person Suspect: [REDACTED] Comment		Involvement SUSPECT	

Recovered From 12/29/2016	Recovered To 12/29/2016	Recovery Site Other	Recovered By FRANCIS, ANTHONY H
Recovery Location			
Summary THE SEARCH RESULTED IN THE SEIZURE OF THE FOLLOWING ITEMS RECOVERED BY DET. FRANCIS FROM THE MOTOR VEHICLE GLOVE BOX: ONE (1) WHITE LYFT ENVELOPE CONTAINING: TWO			

EVIDENCE

Tag #	Category Physical Evidence	Action SEIZED	Custodial Item
Description THE SEARCH RESULTED IN THE SEIZURE OF THE FOLLOWING ITEMS RECOVERED BY DET. FRANCIS FROM THE MOTOR VEHICLE GLOVE BOX: ONE (1) STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLE OF MARKER #0AWKB8 OF A 4D SEDAN WHT 2015 CHEV MALIBU VIN#1G11C5SL1FU14711S, VALIDATION DATE 06/12/2015, EXPIRATION DATE 06/12/17, REGISTRANT(S): EAN HOLDING LLC OF 6929 N. LAKEWOOD AVE 100, TULSA, OK 74117.			
Related Person Suspect: [REDACTED] Comment		Involvement SUSPECT	

Recovered From 12/29/2016	Recovered To 12/29/2016	Recovery Site Other	Recovered By FRANCIS, ANTHONY H
Recovery Location			
Summary THE SEARCH RESULTED IN THE SEIZURE OF THE FOLLOWING ITEMS RECOVERED BY DET. FRANCIS FROM THE MOTOR VEHICLE GLOVE BOX: ONE (1) STATE OF CONNECTICUT DEPARTMENT OF			

EVIDENCE

Tag #	Category Physical Evidence	Action SEIZED	Custodial Item
Description • FOUR (4) BIOLOGICAL SWABS CONTAINING RBS • TWO (2) BIOLOGICAL CONTROL SWABS			
Related Person Suspect: [REDACTED] Comment		Involvement SUSPECT	
Recovered From	Recovered To	Recovery Site	Recovered By



Incident Report

CAD Incident #
P160669471

12/29/2016	12/29/2016	Other
Recovery Location		
Summary	THE SEARCH RESULTED IN THE SEIZURE OF THE FOLLOWING ITEMS RECOVERED BY DET. FRANCIS FROM THE ROOF OF MA REG 4XJ955 FROM 2 LOCATIONS: • FOUR (4) BIOLOGICAL SWABS	
Case Number	162104911	CAD Incident # P160669471
Report Type		
Incident Supplement		
Date / Time Occurred	12/25/2016 23:18 to	Date / Time Reported 12/25/2016 23:18
FRANCIS, ANTHONY H		
Page 6 of 7		

Public Narrative

On Thursday December 29, 2016 at about 5:37 pm Detective Anthony Francis under the direction of Sgt. Detective John Fitzgerald executed search warrant #1607SW0418 issued out of Dorchester Court on a white 2015 Chevrolet Malibu four door sedan bearing Massachusetts License Plate 4XJ955, VIN # 1G11C5SL1FU147115 owned by Maven Drive LLC of 745 Atlantic Avenue 4th Floor, Boston.

The search was conducted in a Boston Police approved holding area of Auto Service and Tire at [REDACTED] Mattapan MA.

The search resulted in the seizure of the following items recovered by Det. Francis from the motor vehicle glove box:

- One (1) Lyft CA/MN, New Driver Kit # 354392 – LYFT134 with USPS First-Class PKG label addressed to [REDACTED] USPS tracking Number # eVS 9200 1901 0741 8721 3371 5973 60, PKG ID 21337159737 containing:
 - a. One (1) Lyft "Getting Started" booklet.
 - b. Two (2) large pink and white approx. 5" x 5" "Lyft" window decal.
 - c. Three (3) small white "lyft" lettering decals.
- One (1) Owner Kit- essential #311240 –LYFT093, with Presorted First Class U.S. Postage label addressed to [REDACTED] containing:
 - a. One (1) Lyft "Getting Started" booklet,
 - b. One (1) large pink and white approx. 5" x 5" "Lyft" window card
 - c. Three (3) small white "lyft" lettering decals.
- One (1) White Lyft envelope containing:
 - a. Two (2) large pink and white approx. 5" x 5" "Lyft" window cards,
 - b. One (1) "Welcome to Express Drive" information sheet,
 - c. One (1) Maven "Condition Report" listing [REDACTED] Inspection Date 10/21/16, VIN#1G11C5SL1FU147115, Year 2015, Make Chv, Model Malibu, License# 4XJ955, Mileage 19053 mi, Color White, City Boston, Sate Massachusetts. With the Comments: "Dirty mats! – CT Registration – Front Faring Banged/ Damaged" with the signature a [REDACTED] and one illegible signature.
- One (1) State of Connecticut Department of Motor Vehicle of Marker #0AWKB8 of a 4d Sedan Wht 2015 Chev Malibu VIN#1G11C5SL1FU147115, Validation Date 06/12/2015, Expiration Date 06/12/17, Registrant(s): EAN Holding LLC of 6929 N. Lakewood Ave 100, Tulsa, OK 74117.



Incident Report

Case Number I162104911		CAD Incident # P160669471
Report Type Incident Supplement		Page 7 of 7
Date / Time Occurred 12/25/2016 23:18 to		Date / Time Reported 12/25/2016 23:18

Detective recovered the following from 2 locations on the roof of MA REG 4XJ955:

- Four (4) Biological Swabs containing RBS
- Two (2) Biological Control Swabs

The search was concluded at 6:20 pm